

NO SMOKING POLICY

The Housing Authority of the City of Charleston finds that:

1. Effective September 1, 2017 the Housing Authority of the City of Charleston plans to designate all of its public housing properties as a smoke free facility. The "Smoke Free" designation will be implemented through a lease addendum. There will be no smoking in entry ways, porches, balconies and patios, hallways, stairways, and within all interior living area. This policy applies to all residents, guests, visitors, service personnel and employees. The term "smoking" means inhaling, exhaling, breathing or carrying any lighted cigarette, cigar, pipe or other tobacco product, as well as any other similar lighted product in any manner or any form.
2. Smoking is not permitted within living units, in accordance with the following schedule. Effective on September 1, 2017, all current residents, all employees, all guests and all new residents of the public housing properties of the Housing Authority of the City of Charleston will be prohibited from smoking in these apartments. Failure of any resident to follow the smoke-free policy will be considered a lease violation.
3. "No Smoking" signs will be posted outside and inside of the building.
4. If a resident smells tobacco smoke (or smoke substance of any kind) in any place in the building, they are to report this to the office as soon possible. Management will respond and take appropriate action.
5. Smoking is not permitted within 25 feet of the building where the Tenant's dwelling is located. nor within 25 feet of any of the common areas such as the stairwells, patios, playgrounds, laundry rooms, offices, and community rooms of the rental community, nor shall Tenant permit any guests or visitors under the control of Tenant to do so.
6. Upon adoption of this policy, all tenants living in Public Housing will be required to sign the No Smoking Policy form.

APPLICANT/TENANT CERTIFICATION

I have read and understand the above smoking policy and I agree to comply fully with the provisions. I understand that failure to comply may constitute reason for termination of my lease.

Applicant/Tenant Signature: _____

Apartment Number: _____ Date: _____